

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/26/03.

I. DISPUTE

Whether there should be reimbursement for date of service 2/24/03. The Carrier denied reimbursement as "N – Documentation does not support the level of exam. TWCC incomplete. "O – No additional payment recommended. Documentation does not support level of exam. TWCC incomplete."

II. RATIONALE

CPT code 99214

The Requestor billed \$85.00 for an office visit for the evaluation and management of an established patient which requires at least two of these three key components; a detailed history, a detailed examination, and decision making of a moderate complexity. The Requestor has met the requirements for billing CPT code 99214 according to the 1996 MFG CPT code descriptor. The MAR for CPT code 99214 is \$71.00. Therefore, reimbursement is recommended in the amount of \$71.00.

CPT code 99080-73

The Requestor billed \$15.00 for completion of a Work Status Report (TWCC-73). While the Provider checked box 13(b) indicating that the injured worker could return to work with restrictions, he failed to complete any portion of "Part III: Activity Restrictions" as required by form TWCC-73 and in accordance with TWCC Rule 129.5(c)(3). Therefore, reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for CPT code 99214 in the amount of \$71.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$71.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 07th day of April 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd